## ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No.... 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH District or Township birth occurred in a hyspital or institution, give its NAME instead of street and number) \ If child is not yet named, make supplemental report, as directed. 2. Full name of child. Legitimate ? 4. Twin, triplet or other. Sex of Child To be answered ONLY of birth in event of plural Month Year 5. No., in order of birth... MOTHER FATH 15. Residence 9. Residence (Usual place (Usual place If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race 11. Age at last birthda 17. Age at last birthday 18. Birthplace (city or 12. Birthplace (city (State or coperate) (State or country 19. Occupation 13. Occupation Nature of Industry Nature of Industry 21. Were precautions taken against oph-thamid neonatorum? (a) Born alive and now living. 20. Number of children of this mother. (b) Born alive but now dead, (Taken as of time of birth of child herein certified and including this child.) (e) Stillborn ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF I m on the date above stated. I hereby certify that I attended the birth of this child, who was \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician er midwife.) Given name added from a supplementl report..... Month. day, year

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